

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 530145	RECEIPT DATE:	04 / 24 / 00
IA NUMBER:	PCT/ JP98 / 04702	IA FILING DATE:	10 / 19 / 98
FAMILY NAME:	YAMAWAKI	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	TOSHIO	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 24 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	37395/DBF	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
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CITY:	PASADENA		
STATE/COUNTRY:	CA	ZIP:	911097068
EMAIL:			
APPLICATION TITLES:			
	COMMUNICATION GATEWAY <del>DEVICE</del>		

TAB TO LAST POSITION,PUSH SEND



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
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<b>SERIAL NUMBER</b> 09/530,145	<b>FILING DATE</b> 04/24/2000 <b>RULE</b> -	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2738 2667 2666	<b>ATTORNEY DOCKET NO.</b> 37395/DBP
<b>APPLICANTS</b> TOSHIO YAMAWAKI, HYOGO, JAPAN; YES <del>NO</del> AB				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/JP98/04702 10/19/1998 YES AB				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 9-292909 10/24/1997				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/23/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance AB Examiner's Signature Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> D BRUCE PROUT CHRISTIE PARKER & HALE 350 WEST COLORADO BOULEVARD SUITE 500 PASADENA, CA 91105				
<b>TITLE</b> COMMUNICATION GATEWAY				
<b>FILING FEE RECEIVED</b> 1334	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
				<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit